Entry Blank-	-Please Type or Print	C A	المرابل المرابل
✓ Ms./Artist ☐ Mr./Artist	BONNIE V.	GORD	ON
Permanent // Address/	2 CENTER S	St.	(last name last)
44273 7in	- Daytime T	el. (216)	769-3636
Temporary or Studio Address			
	Street		City
	Daytime T		
Zip		area	
If you do not prese Reserve, in which co	ently live in one of the counties ounty were you born?	of the Weste	ern
Collaborator (if any			
Artist will pick u Museum should Museum should	•	e:	
	Street		
City	State		Zip
Special Instru	ctions		
•	pe completed in full and signed	; forms receiv	ed unsigned will not
When necessary, in an object.	nclude instructions or a drawin	g for assembl	ing and displaying
that the Museum :	dates for both delivery and ret shall dispose for its own accou- rein. It is also understood that otember 5, 1993.	nt any objects	not picked up by
	of objects will be construed a conditions printed herein.	as an accepta	ance by the artist
Signature 2	mu V. Got	dow	
I have received the	unsold/unaccepted object(s) in	good conditi	on.
Signature	Hora		

Entry Blanks

Detach entire portion along dotted line and submit with slides, but retain tags

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